



Iowa Department of Human Services

Overview

Mental Health and Disabilities Services (MHDS) System Redesign

April 12, 2012

SF525

- 2011 legislative session SF525 was passed to “Redesign” the MHDS system.
- Goal is to create consistency, continuity, effectiveness, efficiency and accountability in MHDS system.

MHDS Redesign

- Established 6 Workgroups with over 100 members to develop recommendations.
- Conducted 10 “Listening Posts” attended by over 1,000 people.
- Surveyed over 1,600 MHDS consumers and families.
- Interim Report submitted on Oct. 31, 2011.
- Final Report submitted by DHS on Dec. 9, 2011.
- The final report endorsed nearly all of the recommendations from the Interim Report.

Key Service Recommendations

- Workgroup and DHS recommendations fall into three areas:
 - Services
 - Management/Structure
 - Financing
- Core services are locally provided and available within the Region.
- New critical core services should be phased-in over time.

Key Service Recommendations

- DHS should gather and publish performance and outcomes data.
- DHS should implement improved workforce practices.
- Medicaid eligibility should remain the same and financial eligibility should remain at 150% FPL.
- Eligibility.
- Management of services should include use of uniform assessment tools.

Key Management/Structure Recommendations

- In the proposed MHDS system structure:
 - Services will be provided locally.
 - The Region will administer services.
 - The state will set the standards
- Regional management was recommended:
 - To achieve economies of scale, reduce duplication of administration and inefficiencies, and better use of resources.
 - Give rural counties the opportunity to draw on capacities of urban counties.

Key Management/Structure Recommendations

Regional management continued...

- Assure consistent, equitable and simplified access to a full array of core services.
- Provide a clear locus of accountability and responsibility.

Key Financing Recommendations

- The state should:
 - Directly pay the full non-Federal share of Medicaid currently paid by counties.
 - Pay for growth in Medicaid & non-Medicaid services.
 - Phase-in new core services over 5 years.
 - Use strategies such as the Balancing Incentive Program to off-set impact of new costs.
- \$122M to \$125M should continue to be made available.

Legislative

- Senate passed SF 2315
- House considering
 - Amendments jointly with Senate
 - Financing

Key Changes

- Counties can apply to be exempt from a Region; must have equal or better services than Region.
- County Planning Process simplified.
- Regional formation begins – December 31, 2013. Operational by July 1, 2014.
- Sub-acute.
- Crisis Pilot Project.
- 6 workgroups created or continued.

Continued Legislative Discussion

- Funding challenges remain.
- Medicaid buyout
- \$125 million county property tax levy.
- Equalizing the monies raised by counties to a minimum level.